

10-144 ~~DEPARTMENT OF HUMAN SERVICES~~

~~BUREAU OF HEALTH~~

~~DIVISION OF MATERNAL AND CHILD HEALTH~~

Chapter 282: ~~PRENATAL CARE PROGRAM~~

~~SECTION 1. PURPOSE AND GENERAL REQUIREMENTS OF THE PRENATAL CARE PROGRAM~~

~~The Prenatal Care Program, hereinafter the Program, will provide eligible pregnant adolescent women with a mechanism for payment for routine prenatal care.~~

~~The intent of the Program is to encourage every pregnant adolescent woman to obtain early and comprehensive prenatal care, even if she has no insurance, is ineligible for Medical Assistance, or has no independent financial resources to pay for these services. Case management is essential to the improved birth outcome of pregnancies, particularly those deemed to be high risk due to age, education and socio-economic level. Removal of financial barriers to early prenatal care is important because of the documented increase in healthy pregnancies and improvement of pregnancy outcomes attendant to early supervision of the pregnancy by health professionals.~~

~~Legal authority for the Program is 22 MRSA sections, 42, 1951, and 3173.~~

- ~~A. Clients will be accepted on the program as long as there are adequate funds.~~
- ~~B. Eligibility is determined without regard to race, creed, color, or national origin.~~
- ~~C. Any pregnant woman 18 years or younger with an established delivery date before her 19th birthday who resides in Maine may be considered for eligibility.~~
- ~~D. The Program will comply with all applicable regulations of the Maine Department of Human Services, the Division of maternal and Child Health, and the Department of Finance and Administration in the purchase of obstetrical medical services.~~
- ~~E. A record will be established and maintained for each client for services. The record will contain provider reimbursement, client communication and case management documents.~~

- ~~F. Funding for this program is a composite of Federal Maternal and Child Health Block Grant Funds and state monies.~~
- ~~G. Appropriate referrals to other Department of Human Services programs will be offered, including WIC, community/public health nursing and Medical Assistance.~~
- ~~H. The obstetrical medical provider who delivers the infant will be required to complete and return the Prenatal Care Program outcome report form. A form will be sent with the prior authorization letter to the obstetrical medical provider.~~
- ~~I. Designated case managers must participate in the established program policy for case management assessment, follow-up management and quality assurance activities. This requires periodic reporting to the program on specific activities using predetermined reporting schedules and forms as defined in the Case Management Policy Manual.~~
- ~~J. Definitions.~~
 - ~~1. Case management—The act of identifying client (be it an individual or two or more members of a family unit) needs as well as services appropriate to meet those needs and providing the assistance or coordination necessary to ensure access to such services. Case management necessitates on-going face to face contact with the client.~~
 - ~~2. Client—applicant 18 years or younger with an established delivery date before her 19th birthday~~
 - ~~3. Economic Unit—a pregnant woman (client) and her unborn child.~~
 - ~~4. Income—"Income" means any form of income in cash received by the economic unit. Included are any payments received as disability benefits worker compensation, general assistance, unemployment benefits.. benefits from any state or federal categorical assistance program supplemental security income, social security, any other government payments unless prohibited from consideration by law or regulation, Court or Administrative Child Support Orders, and income from pension or trust funds.~~
 - ~~5. Petitioner: an applicant, recipient, or provider who is determined to be ineligible to participate in the Program and who requests review of his/her circumstances.~~
 - ~~6. Program: Maine's Prenatal Care Program.~~

- ~~7. Recipient: a person (client) who is or has been receiving services through the Program.~~
- ~~8. Provider: (a) person offering obstetrical medical services who has applied as or been accepted as a deliverer of services under the Program or under the Medical Assistance system. (b) a qualified case manager as determined by the program.~~
- ~~9. Hearing Officer: an impartial person within the Department of Human Services designated to conduct hearings and to render decisions pursuant to the regulations governing this Program. This person is impartial because he/she did not participate in making the decision under appeal, nor has he/she held any previous conference regarding the matter at issue with Program staff.~~
- ~~10. Routine services described in Section 4.~~
- ~~11. Prior authorization letter - letter to provider listing services approved to be billed to Prenatal Care Program.~~

~~SECTION 2. CONFIDENTIALITY~~

~~All personal facts and circumstances obtained by the program staff as a result of application for services constitutes privileged communication and is held confidential. The application remains the property of the Program and is not divulged without the family's consent. However, information may be disclosed in summary, statistical, and other forms which will not identify individuals. Release of information to Division of Maternal and Child Health program staff and managers and Department of Human Services Hearing Officers for the purpose of determining eligibility and administering appeals is allowed.~~

~~A. Release to Other Agencies~~

~~With the consent of the family, the Program may release information to another agency or organization, but only to the extent that the other agency or organization demonstrates that the information is necessary for its program.~~

- ~~1. The Program must release personal information, with or without consent, if required by law; in response to investigations in connection with law enforcement, fraud, or abuse; and in response to judicial order.~~

~~SECTION 3. ELIGIBILITY DETERMINATION OF CLIENTS~~

~~A. Application for services~~

~~An applicant desiring services from the program must submit a written application on the form provided. An eligibility determination will be made which is communicated to the applicant. All applications will be processed in an equitable and expeditious manner not to exceed 45 days from receipt. All applications must be signed and dated. All applicants must be pregnant and 18 years or younger with an established delivery date before their 19th birthday.~~

~~B. No client may be made eligible after the client's baby is born or pregnancy is otherwise terminated.~~

~~C. The applicant's gross annual income must be equal to or less than 185% of the U.S. Department of Agriculture's National poverty guidelines, adjusted for the economic unit. These figures are reviewed and published annually by the Division of maternal and Child Health, Prenatal Care Program. Program staff may consider current monthly income when reasonable grounds exist to believe that this is a more accurate reflection of the applicant's true financial status. Self-declaration of income will be accepted, but the right to request income verification is reserved by the Department of Human Services. income verification will be routinely requested for any change in the income reported on the client's application by way of pay stubs, W-2 or other documentation.~~

~~D. Applicants covered by Maine's Medical Assistance Program are not eligible for this program. Applicants will be referred to Medical Assistance if the reported income and the case manager's assessments suggests eligibility under the former program. Date of coverage under this Program, if accepted, is unaffected by the application to Medical Assistance.~~

~~E. If an applicant is covered by private medical insurance which will pay for any services covered by the program, the client is not eligible. The program will not pay for services partially covered by private insurance or insurance deductibles. Applicants with insurance benefits will be required to obtain a letter from the insurance company that clearly states the benefits for the applicant's pregnancy. If the program is notified during the pregnancy that an applicant has insurance which covers the pregnancy, the same procedure will be followed. Benefits under the program will be terminated if it is determined that insurance coverage includes any program services. A payback mechanism will be developed to cover those bills which were covered by the program and another third party payor.~~

~~F. Applications will be date-stamped when received. Clients will be accepted for program benefits as of this date. Unpaid professional services may be billed directly to the program starting from thirty (30) days before receipt of the client's application. Coverage for pregnancy related services is continuous through the client's prenatal care and postpartum period (up to 60 days after delivery or natural termination of the pregnancy).~~

~~SECTION 4. SERVICES OFFERED BY THE PROGRAM~~

~~The services reimbursed by this program are considered a complete single package and reflect routine prenatal care as defined by this program. These service components are obstetrical medical services, laboratory, pharmacy and case management. All providers, particularly medical and case managers will function as a team in servicing this client. Prior authorization is required for all services.~~

~~A. Only pregnancy-related medical services are covered by the program This determination is made by the program staff in consultation with the Director of Maine's Prenatal Care Program. If there is any question about the nature of the service, the client's authorized obstetrical medical provider will be requested to certify that the service is pregnancy-related.~~

~~B. Reimbursement for routine obstetrical medical services will be made at current Medicaid rates, not to exceed the total amount of the Medicaid Prenatal Care Package rate. If a client is being seen by two or more obstetrical medical providers the combined totals are not to exceed the Medicaid Prenatal Care Package rate.~~

~~C. Case management services are covered by this program and must be pregnancy related. Case management for this high risk population must be coordinated, continuous and must include active follow-up to insure better birth outcomes. Case management is a mechanism for providing the eligible client with continuous, coordinated, comprehensive services to meet her individual needs throughout the prenatal and postpartum (60 days) period.~~

~~If during the pregnancy a client is followed by more than one Case manager, reimbursement is not to exceed the total allowed for case management for the entire pregnancy.~~

~~Reimbursement for case management will be determined by rates set by the Division of Maternal and Child Health.~~

~~Case management services shall be provided for all clients. Once the application has been received by the Program a qualified case manager will be assigned by the program staff.~~

- ~~1. Qualified case managers are registered professional nurses with a minimum of one year experience in community health nursing who are employed by agencies that are certified by the Department of Human Services to provide home visits, or are designees of the Division of Maternal and Child Health to provide home visits.~~
- ~~2. Case managers, once assigned will contact the client and medical care provider to establish the case management process within two weeks of assignment.~~

~~A. Prenatal case management includes~~

- ~~- assistance in determining eligibility, if needed~~
- ~~- orientation of client to all services~~
- ~~- development and maintenance of the care plan~~
- ~~- monitor and facilitate the client's entry into and continuation with prenatal care services~~
- ~~- follow up on referrals~~
- ~~- vigorous follow up on missed appointments~~
- ~~- reinforce and support health teaching~~
- ~~- perform home visits~~
- ~~- review, monitor and update client record~~

~~B. Post partum case management~~

- ~~- establish the postpartum visits~~
- ~~- arrange linkage of the client to appropriate services~~
- ~~- arrange for the transfer of pertinent information or records to continuing service providers~~
- ~~- vigorous follow up on missed appointments~~

- reinforce and support health teachings
- submit Maine's Prenatal Program Services Summary Data Form 80 days following the birth

3. ~~Program Evaluation and Quality Assurance~~

~~Evaluation of Maine's Prenatal Care Program is an integral program function. Information obtained through evaluation will be used to reinforce positive aspects of the program which function well and correct problems/deficiencies that are hampering achievement of the program goals. Evaluation and quality assurance activities include site visits to case management agencies, review of client charts, and analysis of individual client information which is required to be submitted. All quality assurance activities will be based on best practice as described in Maine's Prenatal Care Program Case Managers policy Manual.~~

- D. ~~No delivery costs or inpatient hospital costs other than physician or certified nurse midwife fees will be covered by the program.~~
- E. ~~Prenatal vitamin and ferrous sulfate prescribed by the authorized obstetrical medical provider are covered by the program.~~
- F. ~~Routine pregnancy-related laboratory tests and ultrasonography are covered according to the initial prior authorization letter sent from the Prenatal Care Programs up to three hundred dollars (\$300) total per client. These procedures can only include urine pregnancy test, blood type, Rh factor, antibody screen, rubella screen, complete blood counts, serology, urinalysis, pap smear, gonorrhea culture, maternal-fetal alpha fetoprotein screen, hematocrit, glucose tolerance test, and ultrasound. If the obstetrical medical provider determines that additional pregnancy related laboratory tests are necessary, and the three hundred dollar (\$300) limit has not been reached by the client's utilization of the above named procedures, further laboratory procedures may be ordered following the receipt of prior authorization from the Prenatal Care Program. These procedures will be authorized only if the procedures will not exceed the three hundred dollar (\$300) limit.~~
- G. ~~Preparation for childbirth education classes are covered by the program. Reimbursement up to \$40.00 per session or \$5.00 per class can be authorized for a 6-8 week period. Subject to availability of funds, childbirth education classes may be provided for applicants who are income-eligible under DMCH income guidelines, but are ineligible for full benefits of the program for some other reason, if such classes are not available from any other source.~~

- ~~H. — Transportation assistance for mileage to and from the authorized obstetrical medical provider or other prescribed medical services may be provided at a rate not to exceed that allowed state employees, subject to availability of funds. Only one trip per day can be authorized. The right to verify services with the obstetrical medical provider is reserved by the Department of Human Services or the assigned case manager. Trips to the obstetrical medical provider or for other prescribed medical services on consecutive days must be justified by medical necessity in order for reimbursement to occur.~~
- ~~I. — No procedures for sterilization of males or females can be covered by the program.~~

~~SECTION 5. AUTHORIZATION OF SERVICES AND PROVIDER REIMBURSEMENT.~~

- ~~A. — Clients will select their own physicians to provide primary obstetrical medical services.~~
 - ~~1. — A certified nurse midwife who is approved for billing through the Medicaid system may be authorized as the primary obstetrical medical provider.~~
 - ~~2. — Clients may request assistance in locating an obstetrical medical provider. The program will delegate this function to the assigned case manager. medical providers must be duly licensed providers who are willing to participate in Maine's Prenatal Care Program. This referral is not to be construed as an endorsement of any particular obstetrical medical provider.~~
- ~~B. — All services will be provided and authorized within the State of Maine except~~
 - ~~1. — Out-of-state services may be authorized for clients living in border communities, if deemed appropriate by the case manager.~~
 - ~~2. — When program staff are advised by the case manager that the necessary treatment or service is not available within the state an appropriate obstetrical medical provider outside the state will be authorized, subject to approval of the Director of Maine's Prenatal Care Program.~~
- ~~C. — Expenditures for all services require prior written authorization. Requests for prior authorization must be made to~~

~~Coordinator, Maine's Prenatal Care Program
Division of Maternal and Child Health
Department of Human Services
11 State House Station
Augusta, ME 04333~~

~~If it is not possible to obtain prior authorization, authorization must be requested as soon as possible after delivery of care has begun. Requests may be made by telephone (287-3311) if necessary, but a subsequent written request may be required. Under no circumstances is appropriate obstetrical medical care to be delayed or withheld pending authorization.~~

- ~~D. — Payments will be made at the rates established by the Medicaid fee schedules. If the authorized service is not included in the Medicaid fee schedules, the Program must be notified of the amount to be charged at the time of authorization. Charges for these services are subject to mutual agreement of the provider and the Division of Maternal and Child Health. There is no established Medicaid reimbursement rate for case management for high-risk pregnant teens.~~
- ~~E. — All providers must accept payments made by this program as payment in full for the services billed.~~
- ~~F. — All providers of services covered by the Program must complete the appropriate billing invoice in accordance with Medicaid billing instructions. Invoices must be submitted in accordance with Medicaid procedures.~~

~~SECTION 6. CLOSURE OF CLIENT FILE.~~

- ~~A. — Program staff may close a client file and terminate any outstanding prior authorizations for service at any time when it is determined that the client is ineligible under Section 3.~~
- ~~B. — A client file may be closed if there is inadequate information to determine eligibility one month after a request for supplemental or missing information from the client.~~
- ~~C. — Before closure of a client file, there must be:~~
 - ~~(1) — written notification of the closure decision mailed 10 days prior to closure stating the reason for closure, mailed to the client's last known address; and~~
 - ~~(2) — written notification of appeal rights; and~~

- ~~(3) documentation of reasons for closure in the client file; and~~
- ~~(4) date closure will take place, and~~
- ~~(5) notification of regulations pertinent to closure.~~

~~SECTION 7. PROGRAM APPEALS PROCESS~~

~~An applicant for the Program Who is dissatisfied with any decision concerning the furnishing or denial of enumerated services may request a review and redetermination of that decision by the supervisory staff. Whenever possible, the Program will attempt to resolve conflicts informally. The appeals process is designed to secure and protect the interests of the client, of the provider, and of the State agency and to insure equitable treatment of all involved.~~

~~A. Petitioner's Right to a Hearing a petitioner has the right to appeal any of the following decisions to a fair hearing:~~

- ~~1. A denial of an initial application for services.~~
- ~~2. Termination of services.~~
- ~~3. Refusal to pay for a specific service.~~

~~No other issue may be grieved to a Fair Hearing.~~

~~B. Informal Conference~~

- ~~1. An individual must request an informal conference orally or in writing within ten (10) days of receipt of notice of agency action. The State agency staff person who signed the letter of notice must be contacted. The request must describe the complaint.~~
- ~~2. An informal conference shall be scheduled no later than fourteen (14) calendar days from the date requested to provide the opportunity to review the circumstances informally and to present concerns to the State Agency Program Director or designee.~~
- ~~3. The individual may present any questions he/she has and/or introduce new or different information which might affect the individuals participation in the Program in an informal setting.~~
- ~~4. A written report of the findings shall be issued within fourteen (14) calendar days of the informal conference.~~

- ~~5. If the individual is not satisfied with the results of the informal conference, a formal hearing may still be requested. This request must be filed within forty-five (45) calendar days from the date of the initial notice of the adverse action.~~
- ~~6. The Program will not provide disputed services that had not begun at the time of the request for informal conference, nor will services be provided that were begun without proper authorization.~~

~~G. Notification of rights to a Fair Hearing.~~

- ~~1. All applicants will be notified of their fair hearing rights.~~
- ~~2. When the program staff deny, or terminate eligibility or refuse to pay for a specific service the applicant or recipient will be provided a notice including:~~
 - ~~a) a statement of the action~~
 - ~~b) the effective date~~
 - ~~c) the reason for the decision~~
 - ~~d) a citation of the pertinent regulation~~
 - ~~e) the right to appeal to an informal conference and a fair hearing.~~

~~D. Individuals Right at a Fair Hearing. The applicant or recipient has the following rights at the hearing;~~

- ~~1) to be represented by an attorney or any other party~~
- ~~2) to present evidence~~
- ~~3) to see and hear all of the evidence the department used in making its decision~~
- ~~4) to challenge evidence and cross-examine witnesses~~
- ~~5) to subpoena witnesses~~
- ~~6) to put forth any argument pertinent to the case without undue interruption~~
- ~~7) to have the case heard by an impartial hearing officer~~

- ~~8) to have a decision based on the hearing record~~
- ~~9) to appeal to Superior Court under Rule 80C of the Maine Rules of Civil Procedures~~

~~E. Hearing Procedures~~

- ~~1) The applicant or recipient must request a Fair Hearing within 45 days of the date on the notice of the adverse action. If this is not done a hearing will not be held unless this requirement is waived by the agency.~~
- ~~2) A hearing request may be either oral or written and may be given to agency staff, the Program Director, the Commissioner of the Department or Administrative Hearing Unit Staff.~~
- ~~3) The Applicant or Recipient must describe their complaint in sufficient detail as to appraise staff and the hearing officer as to why they are appealing.~~
- ~~4) Once agency staff are notified of the Fair Hearing request, they will complete a Fair Hearing Report form supplied by the Administrative Hearing Unit and return it to the AHU.~~
- ~~5) The AHU shall acknowledge the Fair Hearing request within 5 working days of its receipt. The Applicant or Recipient will be given at least 10 days notice of the hearing.~~
- ~~6) A hearing decision shall be rendered no later than 60 days from the request for a hearing unless the applicant or recipient has requested or consented to postponement of the hearing.~~
- ~~7) The Fair Hearing decision is final and binding upon the agency. The agency is required to take any administrative action ordered in the Decision within 10 days of the receipt of the decision.~~
- ~~8) If the petitioner is dissatisfied with the Hearing Decision he may petition for review by the Superior Court under Rule 80C Maine Rules of Civil Procedure. He must file his or her petition within 30 days of the receipt of the hearing decision.~~
- ~~9) A petitioner's request for a Fair Hearing may not be denied unless;
a) the request is withdrawn in writing~~

b) ~~the client is ruled by a Hearing Officer to have abandoned his right to a hearing by failing to appear.~~

~~EFFECTIVE DATE: September 27, 1983~~

~~AMENDED: January 24, 1984
August 25, 1987 (EMERGENCY)
November 18, 1987
September 19, 1988~~

~~EFFECTIVE DATE (ELECTRONIC CONVERSION): May 5, 1996~~